



Name of applicant \_\_\_\_\_

Chartered organization: \_\_\_\_\_

Unit number: \_\_\_\_\_ Check appropriate \_ Mentor \_ Scout \_ Unit leader

Council name: \_\_\_\_\_

Name of mentor: \_\_\_\_\_

The applicant named above has satisfactorily completed the BSA Physical Fitness Award

Signature: \_\_\_\_\_  
(Mentor)

1. Complete a cardiovascular fitness evaluation/consultation with your personal health care provider. (This can be done as part of the examination required by any council-approved class 3 medical evaluation.)

**Note to healthcare provider:** Subject to your professional discretion, it is recommended that the evaluation/consultation include a personal health history, a basic health data physical, and a discussion of health risk factors. No specific medical studies or tests are required, but such may be included in the evaluation or examination based on professional discretion and individual choice. The results of such studies or tests are for the use and information of the applicant and provider only, and are not required for this application.

The required evaluation/consultation was completed on: \_\_\_\_\_

Signature of healthcare provider: \_\_\_\_\_

2. Give a presentation to a BSA or other community youth group (at least eight youth participants) on cardiovascular fitness, diet, the health benefits of regular aerobic exercise, exercise recommendations for the Scout-age group, and healthy lifestyles.

List of youth participants attending on: \_\_\_\_\_  
(Date)

The required presentation was completed on: \_\_\_\_\_ Signature of mentor: \_\_\_\_\_

3. Review the BSA guidelines for the Athletics and other physical activity or personal fitness-oriented merit badge explain steps you have taken to follow each of the guidelines for the fitness goals. Explain precautions to be taken for a physical fitness activity in each of the following: woods, fields, facilities, and waterfront.

The required explanations were completed on: \_\_\_\_\_ Signature of mentor: \_\_\_\_\_

4. Explain to your mentor the symptoms of dehydration and hypothermia. Explain the special considerations for preventing dehydration and hypothermia.

The required consultation was completed on: \_\_\_\_\_ Signature of mentor: \_\_\_\_\_

5. Properly outfit for physical activities with proper equipment, clothing, and footwear. Know your own capabilities and limitations. Illustrate how you would prepare for the physical fitness goals included in the award program.

The required presentation was completed on: \_\_\_\_\_ Signature of mentor: \_\_\_\_\_

6. With supervision from your mentor or other qualified person, set up a fitness goal-oriented plan using the seven major components of fitness.

The required plan preparation was completed on: \_\_\_\_\_ Signature of mentor: \_\_\_\_\_

7. Demonstrate your ability to improve your strength, posture, endurance, agility, speed, accuracy, and balance with your own goal-oriented fitness plan.

The required evaluation was completed on: \_\_\_\_\_ Signature of mentor: \_\_\_\_\_

**Completed all BSA Physical Fitness Award requirements on: \_\_\_\_\_**

**Signature of mentor: \_\_\_\_\_**